

Statement of Organization Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1352570

10 / 17 / 12

Date qualified as committee

Date qualified as committee
(If applicable)

☐ Termination -- See Part 5

List I.D. number:

#

Date of Termination

Date Stamp:

CLOCK 12:00 PM 9:20

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

David Dobson for Burbank USD Trustee 2013

STREET ADDRESS (NO P.O. BOX)

1812 W Burbank Blvd., #374

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91506 818-39-0720

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

dobsonforschoolboard@gmail.com

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

David Dobson

STREET ADDRESS (NO P.O. BOX)

1812 W Burbank Blvd., #374

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91506 818-439-0720

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

David Dobson

STREET ADDRESS (NO P.O. BOX)

1812 W Burbank Blvd., #374

CITY STATE ZIP CODE AREA CODE/PHONE

Burbank CA 91506 818-439-0720

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/17/12

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on

10/17/12

DATE

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Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

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COMMITTEE NAME

David Dobson for Burbank USD Trustee 2013

I.D. NUMBER

1352570

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
David Dobson	Trustee, Burbank Unified School Board	2013	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION		AREA CODE/PHONE	BANK ACCOUNT NUMBER	
Media City Community Credit Union		(818) 238-2950	805049	
ADDRESS		CITY	STATE	ZIP CODE
1020 W. Olive Avenue		Burbank	CA	91506

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE